

#L 080000/8402

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

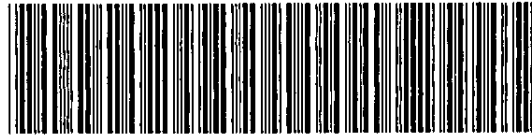
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600238335226

08/31/12--01032--023 \*\*35.00

FILED  
12 OCT 31 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

NOV - 1 2012



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2012

PARAISO FENIX, LLC  
EILLIM CINTRON  
369 OAK LANDING DR.  
MULBERRY, FL 33860

SUBJECT: PARAISO FENIX, LLC  
Ref. Number: L08000018402

We have received your document for PARAISO FENIX, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 312A00022973

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Paraiso Fenix, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Eillim Cinton  
(Contact Person)

Paraiso Fenix, LLC  
(Firm/Company)

369 Oak Landing Dr.  
(Address)

Mulberry Fl. 33860  
(City/State and Zip Code)

For further information concerning this matter, please call:

Eillim Cinton at (321) 331-8918  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONSFILED  
12 OCT 31 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Paraiso Fenix, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L08000018402

4. I, Tulio I. Figueroa, hereby resign as a managing member  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to read "Tulio I. Figueroa".

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)